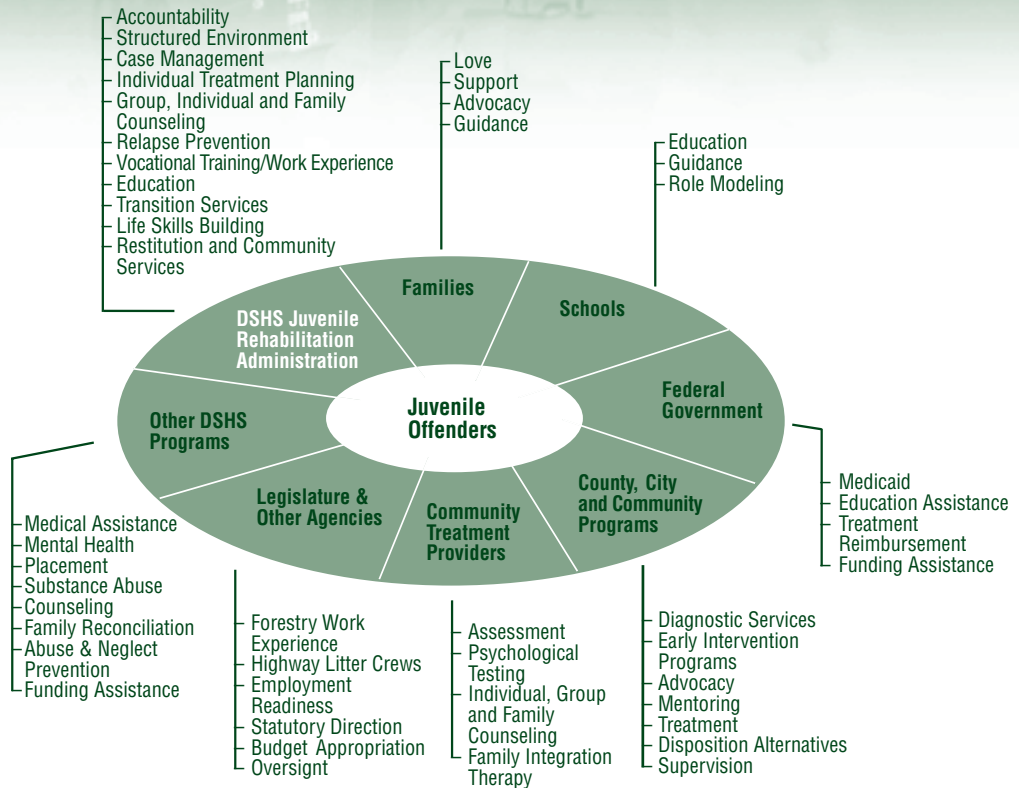




A wildland firefighting crew at Naselle Youth Camp, operated by the Department of Social and Health Services and the Department of Natural Resources
Photo by Della Jordan

The DSHS Juvenile Rehabilitation Administration has many partners in helping young people turn their lives around.



Holding offenders accountable, turning young lives around:

The Juvenile Rehabilitation Administration

In 1891, two years after Washington became a state, the State Training School opened in Chehalis to reform “depraved and vicious youth.” By 1911, it was already overcrowded, and an investigative committee found that “fresh fruit, even an apple, was a luxury” for the inmates, who also rarely had milk, meat or eggs. Severe corporal punishment was the norm. Aside from beatings, solitary confinement and a diet of bread and water were used; so was a “face box,” which was “a coffin-like box into which a minor was placed with a leather collar to hold the face in place. A pad-locked door at face level was only opened during meals. When the door was closed, there were three holes to provide for sight and ventilation.”

The girls’ dormitory was in a wooden building with no fire escapes. Girls were locked in the dormitory without any supervision from 8 p.m. until 6:30 a.m. In order to ensure that girls and boys did not mix, girls were never allowed to go outdoors.

Source: A Shared Experience - A History of Washington State’s Human Services from Territorial Days to the Present, by Russell Hollander, Ph.D., Department of Psychology, St. Martin’s College, Olympia, Washington, and Michael K. Green, Ph.D., Department of History, Eastern Washington University.

Today, the State Training School has become Green Hill School, and is one of three institutions for the state’s most perplexing juvenile offenders. It has changed radically in the past hundred years - and it is still changing. In fact, its transformation is a testament to our capacity for genuine moral progress.

But in spite of all the progress we’ve made, the dilemma of dealing with very young offenders still confounds us. We have long since abandoned the cruelty of nineteenth century punishments, but throughout the twentieth century, our attitudes shifted back and forth - from focusing on rehabilitation for kids whose lives have gone wrong, to focusing on strict punishment and community protection.

Today, the legal “age of culpability” for criminal offenses is eight; for sex offenses, it is twelve. So the Juvenile Rehabilitation Administration (JRA) struggles to “parent” children and adolescents in its custody, to hold them accountable for their offenses, and to protect the public. Performing these multiple roles simultaneously will always be difficult. And it is made even more difficult by the shifting sands of public opinion and public policy.

In the early 1990s, when the pendulum of public opinion swung from rehabilitation towards security and community protection, institutions like Green Hill School and Maple Lane School lost their open, pastoral character.

Residents Receiving DSHS Services: SFY 2000

DSHS Services by Program	Total Clients
Juvenile Rehabilitation Administration	3,650
JRA Institutions	2,545
Community Placement	760
Parole	2,120
Miscellaneous	405

Source: The DSHS Client Data Base, Research and Data Analysis FY 2000

They were surrounded by chain link fences topped with coils of razor wire. Picnics on the lawn with visiting family members were replaced by carefully supervised encounters in a bare room with metal tables. During this time, Green Hill School was rebuilt for the fourth time since it began operation in 1889. Because the population in JRA institutions was rising rapidly, and because of pressure for greater cost savings, homey, aging 16-bed cottages were replaced with austere 64-bed living units.

In the mid-90s, when the wave of both juvenile and adult crime crested, public fear did, too, and the focus on community protection became even more intense. A horrific crime committed by a juvenile who began his sentence in a minimum security group home led to mandatory time in state institutions for young offenders committed to state custody. Lawsuits holding the state liable for the actions of both adult and young offenders added even more momentum to the swing toward a focus on keeping kids under lock and key. In response, an increased number of kids were sent back to residential care for parole violations.

Today, crime rates are falling, and public fear of crime, while still palpable, has calmed somewhat. Drug courts that offer treatment as an alternative to prison are getting more public support - a dramatic change from the "lock them up and throw away the key" attitude towards drug users just a few years ago. Since 1997, local juvenile courts have supervised and treated some chemically dependent young offenders in their own communities rather than sending them to JRA institutions.

Still, something basic has changed in public values during the past decade: As we begin a new century, the public doesn't want to make an either/or choice between rehabilitation of young people and public safety. We want both. We want our neighborhoods to be safe, and we want young offenders to get the mental health, drug treatment, and other services they need to turn their lives around. We want offenders to be held accountable for their crimes, and we want them to succeed in school and life. We want to stop the pendulum from swinging between extremes of leniency and severe punishment.

During the past decade, public opinion and legislative policy have changed in another important way as well: We have become much more willing to confront and convict for sex crimes that had been hidden and denied for many generations. We don't really know whether sex crimes are any more frequent now than in the past, but we do know that silence and denial were not effective strategies for dealing with them. Instead, we have become open and aggressive in prosecuting sex crimes, and in develop-

ing sex offender treatment programs that reduce recidivism. This, too, has had a profound impact on the juvenile justice system, which must now protect the public from young sex offenders and find effective, reliable ways to rehabilitate them. To do this, JRA is also challenged to engage communities in the work of both protecting communities and finding effective ways to help young offenders become productive, law-abiding citizens.

How the Juvenile Rehabilitation Administration works

Young people come to JRA when they have committed a very serious crime, or when they have committed many lower-level crimes and not responded to the interventions of local juvenile justice systems. Thus, JRA gets the most challenging kids in the state.

In addition, some 16 and 17 year olds are now tried as adults and sent to adult prisons. (In 2000, there were 237 juveniles in adult prison.) The Department of Corrections houses these young offenders in a separate program at its Clallam Bay facility. Teens and pre-teens who are convicted of crimes in juvenile courts and sent to JRA institutions may serve sentences that last until their 21st birthday. So there are young people in JRA custody ranging in age from eight through 20.

JRA Residential Care Institutions

Before young people come to JRA, they are evaluated to determine their initial security classification. Information about them is gathered

from law enforcement agencies, families and schools. Once they enter an institution, they undergo a 30-day period of even more intense evaluation of their physical and mental health, behavior, educational level, and security risk. This process has become much more rigorous and formalized in the last few years. A numerical Community Risk Assessment score is assigned to each youth, and this score is revised at 90-day intervals throughout their sentence. By the end of the initial 30-day evaluation period, each resident also has a treatment plan that lays out what they must do while they are confined. This usually includes school attendance or vocational training, and participation in skill-building and specialized treatment programs.

Young people are assigned to different JRA institutions based on their age, gender, risk level, and medical and mental health status.

Fifty percent of the approximately 1,100 residents of JRA institutions have serious mental health problems. Many take psychotropic medications, and major depression is common. Assessments

and interventions to prevent kids from harming themselves is a major focus of staff time and effort.

Thirty-seven percent of the kids in JRA residential care have some kind of learning disability; that is, they have developmental disabilities, or qualify for special education. Many of these kids are also mentally ill and/or chemically dependent. This means that school, treatment and drug/alcohol curricula must be tailored to respond to the needs of kids who learn more slowly.

Of all the young people who are mentally ill, 88 percent have co-occurring disorders. In a statistical snapshot taken on one day in the spring of 2002, Maple Lane School had 188 seriously mentally ill youth out of a total population of 284. Of these 188 residents, 160 also needed drug or alcohol treatment, 56 needed sex offender treatment, and 37 needed all three. Thirty-seven residents were suicidal.

One of the fastest-growing costs in JRA is psychotropic medications. At Maple Lane School, the cost of these medications rose

from \$11,000 a month in 1998 to \$36,000 a month in 2000.

Maple Lane School specializes in the treatment of mentally ill males between the ages of 15-20, and those who have special medical needs. Several of its living units are maximum security settings that house the most aggressive and difficult to manage mentally ill offenders. Other units are “step down” programs that offer more privileges and flexibility for offenders as they progress in their capacity for self-control and appropriate behavior.

Echo Glen Children’s Center houses younger boys (age eight - 15), younger girls, and some older girls who are seriously mentally ill. Echo Glen staff provide specialized, gender-specific programs that address girls’ needs, and intensive mental health, drug and alcohol treatment, and sex offender treatment programs. Echo Glen doesn’t have the prison-like fences with razor wire that Maple Lane and Green Hill do, and residents at Echo Glen live in 16-bed cottages rather than in the larger, more institutional buildings of Maple Lane and Green Hill. Deer stroll around the wooded campus, and there is a 4-H dog-training program that is supported by community volunteers. Still, the small, austere “bedrooms” at Echo Glen have heavy locking doors, and the daily regimen is tightly controlled and intensely supervised.

Learning to use a moral compass



Photo by Della Jordan

Children who commit crimes can end up at the Naselle Youth Camp operated by DSHS Juvenile Rehabilitation Administration. Columnist Kathleen Merryman, of *The News Tribune* of Tacoma, went to the camp to find out what happens to the children who take wrong turns. She found some boys and girls learn to fight forest fires there as well as some lessons about life.

Read Merryman’s two columns on Facing the Future Profiles, located at <http://www.wa.gov/dshs/FacingtheFuture/NewsProfiles>

Green Hill School houses older males (15-20) who can benefit from pre-vocational training and work experience, but it also provides the full array of mental health, sex offender, and drug/alcohol treatment. Of the three JRA institutions, Green Hill looks the most like an adult prison.

Lower risk youth go to Naselle Youth Camp, which hosts a Department of Natural Resources forestry program. This camp serves both boys and older girls, and provides them with experience planting and thinning trees, clearing brush, and helping fight forest fires. The money they earn is often used to pay restitution to the victims of their crimes. Some young offenders “graduate” to Naselle Youth Camp after serving part of their sentence in another institution.

Young people who have not committed a violent crime or a sex crime and who are not classified as high risk, may also go to Camp Outlook, a privately-run basic training camp that provides 120 days of rigorous training, education and therapy, followed by intensive parole.

In each of these settings, education is provided within the institution by the local school district. Classes are very small - eight to twelve students - and students work at their own pace. Most JRA residents have had trouble in regular public school, but do much better in these smaller, more customized settings. A few complain that school is not challenging enough. At Maple Lane and Green Hill, there are also programs offered by The Evergreen State College that allow students to earn college credits, and to participate in seminars with other college students.

JRA Community Facilities

JRA operates seven community facilities (also known as group homes), and contracts with seven additional privately operated group homes that help kids make the transition from life in an institution to life in the community. Each of the four JRA-operated group homes is specialized: two offer different levels of treatment for drug and alcohol addiction; one offers career training in partnership with the Job Corps; and one offers transitional care for kids with mental illnesses. Group homes also have connections with high schools, colleges, and vocational training programs. Many young people in community facilities hold jobs, and a substantial portion of their wages go toward restitution

ordered by the courts. Young people in group homes also participate in volunteer service work that benefits their communities.

Living in these group homes gives kids time to find jobs, reconnect with families, or find foster families. And it helps them build the skills they will need to regulate their own behavior when they have completed their sentences.

Eligibility for placement in a community facility requires a Community Risk Assessment score in the low risk range.

JRA Treatment Programs

JRA offers intensive treatment for the mentally ill, for the chemically dependent, and for sex offenders.

Sex offender treatment begins the first day of offenders' sentences and continues throughout their confinement and parole. Offenders learn to take responsibility for their offenses, and to give an honest account of their sexual histories. Their honesty is tested by polygraph. Offenders also learn victim empathy, social skills, anger management, how to deal with their own past trauma and abuse, and positive sexuality.

The effectiveness of this treatment is borne out by the low rate of recidivism for young sex offenders: approximately 90 percent never become repeat sex offenders.

Juvenile sex offenders are classified in the same way as adults,

Camp Outlook, Connell

Services: Camp Outlook, operated by Second Chance, offers a 120-day basic training camp based on the U.S. Marine Corps recruit training model. Camp Outlook is used as an alternative disposition for juvenile offenders who are neither violent nor sex offenders and would otherwise be committed to JRA institutions. The program serves both males and females. After release from Camp Outlook, graduates are placed on intensive parole for the remainder of the period to which they would have been committed to JRA custody or a minimum of 12 weeks, whichever is greater.

DSHS clients: Approximately 100 annually

Private as well as public clients? With very rare exceptions, no.

Year formed: 1997

Employees: 30

Payroll per year: \$950,000

Total annual budget: \$1.6 million

DSHS or federal funding brought into the community through contract with DSHS: \$1.2 million



Photo by Della Jordan

as levels one through three, with level three representing the highest likelihood of re-offense. Local police must notify communities when any level three offender is released, and may, at their discretion, also do so for level two offenders. Sex offenders have much longer parole than most other offenders; the standard sex offender parole is two years, and for many it is three years.

Sex offenders who are regarded as a continuing risk to the community even after they have completed their sentences are screened to determine whether they meet the criteria for commitment to the Special Commitment Center for further treatment. This screening is done by the End of Sentence Review

Panel, which includes people from JRA, the Department of Corrections, law enforcement agencies, victim advocates, the Attorney General's office, and the DSHS Children's Administration, Mental Health Division, Division of Developmental Disabilities, and Victim Witness office. The Committee makes recommendations to the Prosecuting Attorney's office in the county where the offense was committed, and the Prosecutor decides whether to ask the court to civilly commit an offender to the Special Commitment Center.

Mental health treatment is focused on Cognitive Behavior Therapy (CBT), which focuses on teaching new and productive thinking and behavior skills to replace ways of thinking and behaving that resulted in harm to self

and others. For many young people with mental illnesses or mental retardation, this skill-based approach is vital to learning how to cope with and manage their disabilities. CBT teaches them to identify what they are getting out of any given behavior and figure out how they can achieve their goals in more productive, positive ways.

CBT also teaches specific skills that help young people deal with frustration, recover from past trauma and abuse, and make and keep positive friends.

JRA institutions are now using a version of CBT called Dialectical Behavior Therapy, or DBT, in the treatment and management of the most acutely mentally ill young people. DBT was developed as an intervention for acute suicidal and aggressive behaviors. It uses the same skill-based approach as CBT, but places more emphasis on validation of the essential worth of each person, and the importance of setting goals and achieving success - even very small successes - as the building blocks for continuing progress.

Chemical dependency treatment is provided in all JRA settings. Intensive inpatient or outpatient treatment is followed by continuing care and relapse prevention programs that continue throughout both confinement and parole.

Selma R. Carson Home, Tacoma

Services: Carson Home is a nonprofit Contracted Community Residential Facility (commonly referred to as a group home) operated by Pioneer Human Services. Carson Home is a minimum-security residential facility for youth committed to DSHS' Juvenile Rehabilitation Administration. Young people in Carson Home have transitioned from JRA institutions and will be released to parole at the end of their sentence. Carson Home provides young people access to mainstream school, vocational training and work opportunities. Children in Carson Home with special treatment needs, such as chemical dependency or mental health issues, are referred to resources in the surrounding community.

DSHS clients: 18

Private as well as public clients? No

Year formed: 1995

Employees: 16

Payroll per year: \$366,992

Total annual budget: \$630,217

DSHS or federal funding brought into the community through contract with DSHS: \$615,372.94 in fiscal 2001

The perils of parole



Photo by Della Jordan

Aaron Pritchard is a DSHS parole counselor working with troubled young people. *Seattle Post-Intelligencer* columnist Susan Paynter labeled him an “action hero” for his role in helping to capture a suspect in an infamous “pack attack” on a 44-year-old man in Seattle’s Belltown neighborhood in August, 2000.

Read Susan Paynter's column at Facing the Future Profiles, located at <http://www.dshs.wa.gov/dshs/FacingtheFuture/NewsProfiles>

Parole and Intensive Parole

Transitioning out of JRA residential care can be very difficult. After months or years of having every moment of every day regulated and controlled by others, newly released offenders must decide for themselves when to get out of bed, what to eat, what to wear, and how to spend their

days. They must put to use all the skills they have learned to prevent relapses in behavior and/or drug or alcohol use. If they are mentally ill, they must continue to take their medications, and connect with the local mental health system to get their prescriptions refilled. All of these tasks can present big challenges for kids who are used to the highly structured life of an institution or group home.

Added to these challenges is the need for young people to re-integrate with their families, or adjust to a new foster family. For older youth who will live on their own, there is the double challenge of finding a place to live and a job.

JRA parole counselors also help young offenders readjust to life in the community. They act as brokers who help marshal the housing, mental health, relapse prevention, and treatment groups that young people need to stay on track. They meet with school counselors, families, and others to monitor parolees’ behavior. If offenders violate the terms of their parole, they can be sanctioned in a variety of ways, including being sent back to an institution for up to 30 days.

The goal of parole is to protect the community by providing services that have been proven to help kids break the cycle of re-offending - services such as Functional Family Therapy, Aggression Replacement Training, Multi-disciplinary case management, and Multi-systemic Therapy.

Among offenders who are released to parole, the 25 percent considered the most likely to re-offend are assigned to “intensive parole.” Intensive parole provides a higher level of supervision, and more stringent requirements, including participation in a minimum of 30 hours a week of work and/or participation in treatment, restitution activities, or community service. Washington is the first state to implement such a program statewide, and it is being evaluated to see if it will reduce recidivism.

Youth under age 21 receive parole services, but those who are released from residential care when they turn 21 are no longer under JRA’s jurisdiction, and therefore they are simply set free. By law, JRA must release offenders when their sentence has been served, even if there is no community placement ready or willing to take them. The only exception to this rule is for predatory sex offenders who are civilly committed to the Special Commitment Center for further treatment.

JRA does not have the authority to place juveniles in foster care, or to make judgments about whether families are competent to resume responsibility for young offenders. It is up to the DSHS Children’s Administration to find foster families or other placements for kids who are in the state’s care. If offenders are 18 or older, they may be taken to a regional parole

office for help finding housing, but it is not unheard of for these young people to be homeless once they are released.

Planning for an offender's release begins months before that date arrives. Still, there are instances where it is virtually impossible to find foster homes, group homes or other housing for young people who are mentally ill, who are sex offenders, or who have committed highly publicized crimes.

Offenders released after the age of 18 are considered adults. Those who have no home to return to are taken to their regional parole office and given help to find housing. But finding a place to live for these young people is always a challenge. For some - particularly sex offenders who have been made known to the public through community notification requirements - it can be virtually impossible to find a landlord willing to rent to them. Thus, some young offenders become homeless.

Smoothing the transition from incarceration to freedom is a major priority for JRA and its partners. One important example of progress in this area is an agreement between JRA and the state Regional Support Network of mental health providers. Under the terms of this agreement, JRA notifies local mental health officials 45 days before the release of a mentally ill offender. Mental health officials ensure that these young people have an intake appointment

within five days of their release, and an appointment with a psychiatrist within 30 days. This timing is crucial because these young people are given only a 30-day supply of psychiatric medications when they are released. In the past, they have had to wait up to two months after their release for mental health services.

JRA's role in the juvenile justice system

In addition to providing direct services to young offenders, JRA partners with county and tribal juvenile justice systems to fund and deliver some local juvenile justice programs.

The goal of these programs is to intervene earlier with young offenders and young people who are at risk of becoming offenders, and to offer the services and treatment that will help them stay out of trouble.

At every level, the juvenile justice system has moved toward reliance on programs that have been carefully evaluated and found effective in reducing recidivism. These programs offer several alternatives to incarceration, with mandatory participation in various kinds of treatment, including:

- Aggression Replacement Training, Functional Family Therapy, and Multi-Systemic Therapy,
- Drug/alcohol treatment, and
- Sex offender treatment.

JRA disburses funding to county juvenile justice systems for these programs, and for probation counselors who work with at-risk youth, for sex offender treatment and drug and alcohol treatment alternatives to incarceration. These funds are consolidated into a single contract to allow more flexibility at the local level. Counties also use a single, statewide risk assessment, and have adopted a uniform way of measuring progress in reducing risk and increasing protective factors that keep youth on probation out of trouble.

Challenges for the Juvenile Rehabilitation Administration

Providing adequate mental health care for a growing number of mentally ill young people

Washington state is not exempt from a national trend toward more mental illness among young offenders. No one can say for sure what is causing this trend.

Whatever the cause, the result is a need for pediatric and adolescent mental health services that far outstrips both supply and budget. Superintendents at all JRA institutions list more mental health services and more staff training as their most important unmet needs.

Even where funding is adequate, it is often difficult to find and keep qualified mental health practitioners, especially in facilities located in rural areas or small towns. This, too, is a national problem.

Once young offenders are released back to their communities, the shortage of mental health services continues to be a problem. Washington state's public mental health system is also experiencing a shortage of practitioners who specialize in caring for children and adolescents, and even where these professionals are available, the growing demand outstrips both supply and budget.

Smoothing the transition back to the community

For the last two years, JRA and its partners have focused on providing more services and better coordination of services for young people leaving residential care. JRA is the first in the nation to implement a statewide program of intensive parole for the 25 percent of offenders deemed most likely to re-offend.

Initial studies of parole and intensive parole services have not shown that they reduce recidivism. But many of the services that parole officers sign young people up for - like Functional Family Therapy or Multi-systemic Therapy - are proven to be effective in reducing recidivism. Thus, the challenge is to figure out how to tailor and package these services in

ways that make a measurable difference. There is more to be done, in both research and practice, to learn what works best, and to create effective, well-coordinated service packages that keep young people engaged in their own rehabilitation, so that they will succeed when they have completed their sentences.

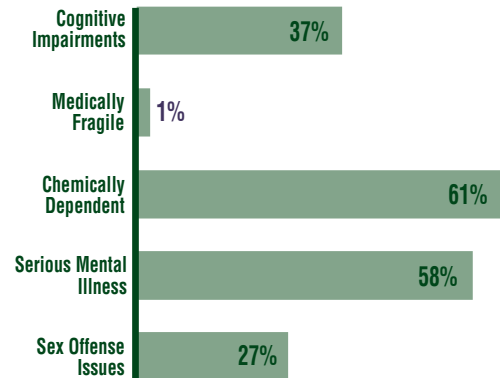
The absence of advocacy

In virtually every other human service program, there is an active constituency that lobbies for better programs, more funding, and greater public understanding of the needs of program participants. Yet our state's most troubled children and teens have virtually no champions.

In spite of programs that encourage parental visits, institution staff report that only about half of the young people in their care see family members on any regular basis. For some families, this may be the result of barriers of distance, since most JRA institutions and programs are on the west side of the state. JRA works hard to preserve and strengthen kids' connections with their families, and to encourage family participation in their children's rehabilitation. But some of the young people in JRA's

Juvenile Rehabilitation Administration's care

Percentages of total JRA residential population



care have been separated from their families for many years before they entered the juvenile justice system. Others have parents who have simply given up on them. The result is that a significant number - approximately 20-25 percent - of JRA kids are essentially alone in the world.